

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27464

FILED
Apr 12, 2007
Secretary of State

Entity Name: FLORIDA ARTIFICIAL INTELLIGENCE RESEARCH SOCIETY, INC.

Current Principal Place of Business:

620 SW 75TH TERR
GAINESVILLE, FL 32607 US

New Principal Place of Business:

Current Mailing Address:

115 BAYTREE COURT
WINTER SPRINGS, FL 32708 US

New Mailing Address:

FEI Number: 59-2905543

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DANKEL, DOUGLAS
620 SW 75TH TERRACE
GAINESVILLE, FL 32607 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: HALLER, SUSAN
Address: 7117 5TH AVENUE
City-St-Zip: KENOSHA, WI 53143

Title: PD () Delete
Name: DANKEL, DOUGLAS D
Address: 620 SW 75TH TERRACE
City-St-Zip: GAINESVILLE, FL 32607 US

Title: TD () Delete
Name: GONZALEZ, AVELINO J
Address: 115 BAYTREE COURT
City-St-Zip: WINTER SPRINGS, FL 32708 US

Title: VP () Delete
Name: SUTCLIFF, GEOFF
Address: 2756 DAY AVENUE, #404
City-St-Zip: COCONUT GROVE, FL 33133 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: SUTCLIFFE, GEOFF
Address: 2756 DAY AVENUE, #404
City-St-Zip: COCONUT GROVE, FL 33133 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AVELINO J. GONZALEZ

DR.

04/12/2007

Electronic Signature of Signing Officer or Director

Date